

INC

6E 2028 09

Veh No: 5 JF 57 3 51 Yr Regn: 2008, 12

Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: Mercedes Benz c.c. 2997

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading 190792 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 22 11542A 22 1316

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

Modl: NIR /STRlm / STD A/Rlm or

Tyre Size: F: 255 | 45R | 8

R:

	N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIB / SIM /

TOYO / YOKO or *Hankook*

Front

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 1 mm

D.O.A. D.O.I. 12/1/20

Survey held at TL Puberty

Des. of Damages : Frt / Rear / O/S / N/S / U/G / Rooftop: or

N/S Rear, 4/C

The U/C / Chassis frame / Body Structure affected due to collision.

[illegible]

☐: Prel. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Page Format :

Add Fee: ☐ : Site Insp (\$

Interview (\$

: Tech. Invs (8)

Survey Fee:

Transportation:

$S + RS \rightarrow S$

Pholcs

Critics

Company Reg No: 202136905K

8 Kaki Bukit Ave 4, #08-09 Premier@Kaki Bukit
Singapore 415875

Tel : 6341 6789 Fax: 6341 6778
E-mail:jlperfectautowork@gmail.com



DATE : 12.06.2024

TO : **INCOME** MOTOR CLAIMS DEPTS
VEHICLE NO : **SJB3333R**
MODEL : **MERCEDES S300L**
DATE OF ACCIDENT : 11.06.2024
TIME OF ACCIDENT : 17:40 HOURS

WE APPEND HEREUNDER THE ESTIMATED COST OF REPAIRS TO BE CARRIED OUT TO THE ABOVE VEHICLE.

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	SIDE SKIRT LH <i>over</i>	1	\$ -	\$ -
2	REAR DOOR LH <i>bt</i>	1	\$ -	\$ -
3	REAR DOOR LOWER MOULDING LH <i>at</i>	1	\$ -	\$ -
4	REAR DOOR LOWER INNER GARNISH LH ?	1	\$ -	\$ -
3	REAR DOOR INNER WATER SHIELD PANEL LH	1	\$ -	\$ -
3	REAR DOOR INNER LOCK LH ?	1	\$ -	\$ -
4	REAR DOOR INNER LOCK COVER GARNISH LH	1	\$ -	\$ -
5	REAR DOOR INNER LOCK CATCHER LH <i>x</i>	1	\$ -	\$ -
4	REAR DOOR OUTER HANDLE LH <i>Rx</i>	1	\$ -	\$ -
5	REAR DOOR WEATHER STRIP LH <i>net</i>	1	\$ -	\$ -
6	REAR DOOR INNER TRIM LH ?	1	\$ -	\$ -
7	REAR DOOR OUTER STRIP LH <i>x</i>	1	\$ -	\$ -
8	REAR DOOR FRAME WEATHERSTRIP LH <i>net</i>	1	\$ -	\$ -
9	REAR DOOR POWER WINDOW MOTOR LH ?	1	\$ -	\$ -
10	REAR DOOR REGULATOR LH ?	1	\$ -	\$ -
11	REAR FENDER LH <i>bul</i>	1	\$ -	\$ -
12	REAR FENDER AIR VENT LH <i>x</i>	1	\$ -	\$ -
13	REAR FENDER AIR VENT PANEL LH <i>x</i>	1	\$ -	\$ -
14	REAR FENDER INNER COWLING LH <i>at</i>	1	\$ -	\$ -
15	REAR WINDSCREEN GLASS C/W MOULDING LH ?	1	\$ -	\$ -
16	REAR WHEEL RIM LH <i>dd</i>	1	\$ -	\$ -
17	REAR ABS SENSOR LH ?	1	\$ -	\$ -
18	REAR CROSS MEMBER ?	1	\$ -	\$ -

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19	REAR SHOCK ABSORBER LH ?	1	\$ -	\$ -
20	REAR LOWER ARM LH ?	1	\$ -	\$ -
21	REAR KNUCKLE ARM LH ?	1	\$ -	\$ -
22	REAR WHEEL HUB WITH BEARING LH ?	1	\$ -	\$ -
23	REAR UPPER ARM LH ?	1	\$ -	\$ -
24	REAR ADJUSTABLE ARM LH ?	1	\$ -	\$ -
25	REAR CONTROL ARM LH ?	1	\$ -	\$ -
26	REAR LINKAGE LH ?	1	\$ -	\$ -
27	REAR DRIVE SHAFT LH X	1	\$ -	\$ -

TOTAL PRICE \$ -
 LESS 10% \$ -
SUB TOTAL PRICE \$ -

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	SIDE SKIRT CLIP LH	1	\$ 60.00	\$ 60.00
2	REAR DOOR FRAME STEP GARNISH CLIP LH (SET)	1	\$ 30.00	\$ 30.00
3	REAR DOOR INNER TRIM CLIP LH (SET)	1	\$ 50.00	\$ 50.00
5	REAR FENDER SEALANT LH	1	\$ 80.00	\$ 80.00
6	REAR FENDER TOP GARNISH CLIP LH (SET)	1	\$ 40.00	\$ 40.00
7	REAR FENDER COWLING CLIP LH (SET)	1	\$ 80.00	\$ 80.00
8	REAR FENDER INNER TRIM CLIPS LH (SET)	1	\$ 80.00	\$ 80.00
9	REAR WINDSCREEN REPAIR KIT	1	\$ 350.00	\$ 350.00
10	REAR WINDSCREEN SOLAR FILM	1	\$ 550.00	\$ 550.00
11	TAILLAMP CLIP (SET)	1	\$ 50.00	\$ 50.00
12	REAR BUMPER CLIP (SET)	1	\$ 150.00	\$ 150.00
13	BRAKE OIL	1	\$ 80.00	\$ 80.00

TOTAL \$ 1,650.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	PANEL BEATING, REMOVAL AND REPLACING PARTS	\$ 2,200.00	800

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2	TO SPRAY PAINT AFFECTED AREA	\$ 2,000.00	700
3	TUFF COAT	\$ 350.00	40
4	WIRING CHECK	\$ 380.00	40
5	REMOVE AND REFIX CUSHION SEAT/ UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR	\$ 250.00	80
6	TRANSFER REAR DOOR MECHANISM RH	\$ 80.00	60
7	REMOVE & REINSTALL REAR WINDOW GLASS RH	\$ 60.00	X
8	REMOVE & REFIX REAR WINSCREEN	\$ 150.00	120
9	REMOVE & REFIX REAR SENSOR	\$ 250.00	X
10	REMOVE AND REFIX REAR UNDERCARRIAGE	\$ 1,200.00	250 300 ?, photo.
11	TO PRESS REAR WHEEL BEARING	\$ 80.00	? 40
12	FOUR WHEEL ALIGNMNET	\$ 120.00	80
13	CONDUCT WATER LEAKAGE TEST	\$ 100.00	X
14	REMOVE AND REFIX FUEL TANK TO FACILITATE FENDER REPLACEMENT	\$ 120.00	X
15	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 250.00	X
16	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	\$ 550.00	200?

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TOTAL \$ 8,140.00

TOTAL PARTS COST : \$ 1,650.00
TOTAL LABOUR COST : \$ 8,140.00
TOTAL REPAIR COST : \$ 9,790.00

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.
PARTS PRICES ARE SUBJECT TO CHANGES.

YOURS FAITHFULLY,

IRENE

SERVICE ADVISOR
IRENE
HP : 8297 9787

Tanfhi 9799549
- WOP' 13/6/24 1145
15 hours 2700000000
tanfhi e/hhant.com
7-8 days

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	12/06/2024 13:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/06/2024 17:40 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	INFRONT OF SHELL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJB3333R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHUA KOK HUAT
NRIC No	SXXXX772Z
Email Address	lasting.impression123@yahoo.com
Mobile Phone No	(Phone) +65-90671828
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	300sl
Variant	SALOON
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P11036860R00

DRIVER

Name of Driver	PHUA KOK HUAT
NRIC No	SXXXX772Z
Date Of Birth	02/10/1957
Occupation	Indoor



Accident report ST0R246C0001

Driving Pass Date	11/05/1978
Driving experience	46 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90671828
Alt. Phone Number	-
Email Address	lasting.impression123@yahoo.com
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	HENG PAK KOON
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	GBJ943C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

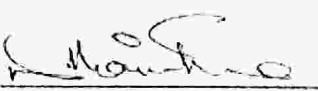
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	ACCIDENT
Details of property damaged in accident	FRONT PORTION
No. Of Passenger (Including Driver)	-

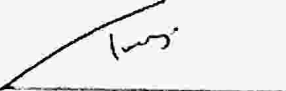
SKETCH PLAN

IMPORTANT NOTICE

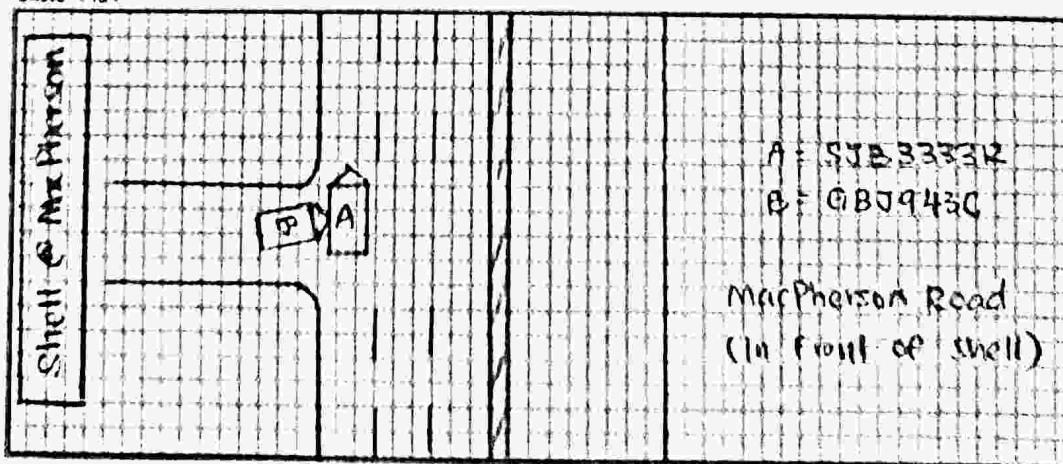
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan




Describe Circumstance of the Accident

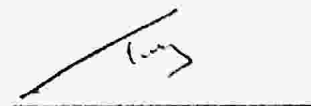
On the stated date and time, while my vehicle SJB3333R was travelling straight on lane 3, suddenly vehicle GBJ943C dashed out from the Shell @ MacPherson Exit, hence collided onto the left hand side portion of my vehicle SJB3333R.

Declaration

We declare the foregoing particulars are true in every respect


Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)